

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	09/457,771
Filing Date	December 9, 1999
First Named Inventor	Emanuele, R. Martin
Title	THERAPEUTIC DELIVERY COMPOSITIONS AND METHODS OF USE THEREFOR
Art Unit	1635
Examiner Name	Richard A. Schnizer
Attorney Docket Number	026482-001510US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

66950

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/20/07
Name	Benjamin Levin	Telephone	(310) 826-5648
Title and Company	General Counsel - CytRx Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.